

APPLICATION FOR VARIANCE State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.ln.gov/dtls/fire/fp_bs_comm_code/



Attach additional pages as needed to complete this application.	Variance number (Ass	
	15-(0	0-05 (a)
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; us	sually this is the own	
JATIN PATEL	PRESIDEA	ノ丁
Name of organization	Telephone number	
Address (number and street, city, state, and ZIP code)	(765) 714-	-489/
12566 MASSACITUSETTS ST. CROWN POINT, IN 46307		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	the applicant)	
Name of applicant	Title	
Susan Ruhana	Field Coordinate	or
Name of organization	Telephone number	<u> </u>
Schindler Elevator Corp	(317) 616-7981	
Address (number and street, city, state, and ZIP code)		
2325 Executive Dr., Indianapolis, IN 46241	:	
3. DESIGN PROFESSIONAL OF RECORD (If applicable)		
Name of design professional	License number	
Name of organization	Telephone number	
	()	
Address (number and street, city, state, and ZIP code)	1	
4. PROJECT IDENTIFICATION		
Name of project	State project number	County
COMFORT SUITES RENSSELAER	377495	Jasper
Address of site (number and street, city, state, and ZIP code)		Тисоры
8928 W. State Road 114, RENSSELAER, IN 47978		
Type of project		
☑ New ☐ Addition ☐ Alteration ☐ Change of occupancy	Existing	•
5. REQUIRED ADDITIONAL INFORMATION		
The following required information has been included with this application (check as applicable):		
A check made payable to the Indiana Department of Homeland Security for the appropriate amo	unt. (see instructions)	
One (1) set of plans or drawings and supporting data that describe the area affected by the requi		t numbered a fermative
Written documentation showing that the local fire official has received a copy of the variance app		r proposed alternatives.
Written documentation showing that the local building official has received a copy of the variance	application.	
6. VIOLATION INFORMATION		
Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?		
Yes (If yes, attach a copy of the Correction Order.) No		
Yes (If yes, attach a copy of the Violation and answer the following.)		
Local Building Department State Fire and Building Code Enforcement Section	Local Fire D	epartment
	•	
	1	‡

7: DESCRIPTION OF REQUESTED V	/ARIANCE			
Name of code or standard and edition involve	ed	Specific code section		
ANSI ASME A 17.1-2007 Nature of non-compliance (Include a description)		2.20.1,2.20.4,2.	20.9 1 and 2.18.	5.1
Schindler Elevator will utilize 6mm cable meets ASME code Section 2	steel wire governor rope	nvolved as necessary.) instead of the required min	imum dia. of 9,5mr	n per Section 2.18.5., this
8. DEWONSTRATION THAT PUBLIC Select one of the following statements:	HEALTH, SAFETY, AND W	VELFARE WILL BE PROTECT	ED	
Non-compliance with the rule will r	not be adverse to the public	health, safety or welfare; or	d management	
Applicant will undertake alternative public health, safety, or welfare.	xpiain why alternative action	ce with the rule to ensure that g ns would be adequate (be spec	ranting of the variand	ce will not be adverse to
Facts demonstrating that the above selected 1) The elastomeric coated elevator AECO certified to ASME A 17.7, 20 The suspension members and its to capacity	suspension is designed 207. The A 17.7 ANSI AF	TUD CENTICATION Was subm	itted to Mr. John W.	oinon on Donarahau C 0040
as specified in ASME A 17.1, 2007 2) The 6mm steel governor rope is to	designed to conform with	n ASME A 17.1, 2010 and A	SME A 17.6-2010	and is ANSI AECO certified
ASME A17.7, 2007. The A17.7 AN factor			1	•
of safety 29 which is approximately *Schindler will provide the tooling a	tiu training for State insp	ectors to conduct the fequir	ed inspections of e	in ASME A 17.1 2007. equipment.
9. DEVIONSTRATION OF UNDUE HA Select at least one of the following stater	RDSHIP OR HISTORICALL	Y SIGNIFICANT STRUCTURI		
Imposition of the rule would result in	an undue hardship (unusua	al difficulty) because of physical	limitations of the cons	truction site or its utility services.
Imposition of the rule would result in	n an undue hardship <i>(unusua</i>	al difficulty) because of major op	erational problems in	the use of the building or structure.
Imposition of the rule would result in	n an undue hardship <i>(unusua</i>	al difficulty) because of excessive	e costs of additional o	r altered construction elements.
Imposition of the rule would prevent		tecturally or a historically signific	ant part of the buildin	g or structure.
Facts demonstrating that the above selected	statement is true:			
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	·			
			,	
Sifting a size into presidence increase a literate situation of an extension investment of the contract of t			s.	
10. STATEMENT OF ACCURACY				
I hereby certify under penalty of per	rjury that the information	contained in this application	ı İs accurate.	
Signature of applicant of person submitting ap	pplication	Please print name		Date of signature (month, day, year)
Signature of design professional (if applicable	<u> </u>	Susan Ruhana Please print name		9-10-15
			1	Date of signature (month, day, year)
11. STATEMENT OF AWARENESS (I				
I hereby certify under penalty of perju	ry that I am aware of this r	equest for variance and that	this application is be	eing submitted on my behalf.
Signature of applicant		Please print name Jatin Patel	•	Date of signature (month, day, year)
// 1				11-110



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INSTRUCTIONS: Please refer to the Attach additional	e attached four (4) page instructions, pages as needed to complete this application.	Variance number (Assigned by department)
		15-10-05(b)
Name of applicant	on who would be in violation if variance is not granted; us	ually this is the owner)
JATIN PATEL		Title PRESIDENT
Name of organization		Telephone number
DJS HOSPITALITY, 11	16-	(765) 714-4.891
Address (number and street, city, state, and	ZIP code)	(120) 71 (1.11)
12366 MASSACITUDE (5 ST, CROWN POINT, IN 46307	
21. PERSON SUBMITTING APPLICAT Name of applicant	ION ON BEHALF OF THE APPLICANT (If not submitted by	the applicant)
Susan Ruhana		Title
Name of organization		Field Coordinator
Schindler Elevator Corp		Telephone number
Address (number and street, city, state, and 2		(317) 616-7981
2325 Executive Dr., Indianapolis	s, IN 46241	
3. DESIGN PROFESSIONAL OF REC	ORD (If applicable)	
Name of design professional		License number
N		
Name of organization		Telephone number
Address (number and street, city, state, and z	7/P code)	()
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.ii code)	
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4. PROJECT IDENTIFICATION		
4. PROJECT IDENTIFICATION Name of project		State project number
Name of project COMFORT SUITES RENSSEL	AER	State project number County
Name of project COMFORT SUITES RENSSEL/ Address of site (number and street, city, state)	, and ZIP code)	State project number County 377495 Jasper
Name of project COMFORT SUITES RENSSEL/ Address of site (number and street, city, state) 8928 W. State Road 114, RENS	, and ZIP code)	722465
Name of project COMFORT SUITES RENSSELA Address of site (number and street, city, state, 8928 W. State Road 114, RENS Type of project	, and ZIP code) SELAER, IN 47978	722465
Name of project COMFORT SUITES RENSSEL/ Address of site (number and street, city, state, 8928 W. State Road 114, RENS Type of project New Addition	, and ZIP code) SSELAER, IN 47978 ☐ Alteration ☐ Change of occupancy	722465
Name of project COMFORT SUITES RENSSEL/ Address of site (number and street, city, state 8928 W. State Road 114, RENS Type of project New Addition REQUIRED ADDITIONAL INFORM.	and ZIP code) SELAER, IN 47978 ☐ Alteration ☐ Change of occupancy ATION	377445 Jasper
Name of project COMFORT SUITES RENSSEL/ Address of site (number and street, city, state 8928 W. State Road 114, RENS Type of project New Addition REQUIRED ADDITIONAL INFORM The following required information has be	and ZIP code) SSELAER, IN 47978 ☐ Alteration ☐ Change of occupancy ATION Deen included with this application (check as applicable):	377445 Jasper □ Existing
Name of project COMFORT SUITES RENSSEL/ Address of site (number and street, city, state, 8928 W. State Road 114, RENS Type of project New Addition REQUIRED ADDITIONAL INFORMATION has be a check made payable to the Indian	and ZIP code) SELAER, IN 47978 ☐ Alteration ☐ Change of occupancy ATION Been included with this application (check as applicable): The appropriate amounts of the appropriate amou	377445 Jasper □ Existing □t. (see instructions)
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7. DESCRIPTION OF REQUESTED VARIANCE Name of code or standard and edition involved

ANSI ASME A 17.1-2007

Specific code section

2.18.5.1

			·	
8. DEMONSTRATION THAT PUBLIC HEA	ALTH, SAFETY, AND WE	LEARE WILL BE PROTECTED		
Select one of the following statements:				
Non-compliance with the rule will not be	e adverse to the public he	ealth, safety or welfare; or		* *
Applicant will undertake alternative active public health, safety, or welfare. Explain	tions in lieu of compliance ain why alternative actions	with the rule to ensure that grant would be adequate (be specific).	ng of the variance	will not be adverse to
Facts demonstrating that the above selected stater 1) The elastomeric coated elevator susp AECO certified to ASME A 17.7, 2007. The suspension members and its termin capacity	spension is designed to The A 17.7 ANSI AEC	CO certification was submitted	to Mr. John Hair	ies on December 6 2010
as specified in ASME A 17.1, 2007. 2) The 6mm steel governor rope is desirto	signed to conform with	ASME A 17.1, 2010 and ASM	E A 17.6-2010 a	nd is ANSI AECO certified
ASME A17.7, 2007. The A17.7 ANSI A factor	AECO certification was	submitted to Mr. Joիրn Haines	on December 6	, 2010. The rope has a
of safety 29 which is approximately six t *Schindler will provide the tooling and tr	training for State inspec	ctors to conduct the required i	overnor ropes in aspections of eq	ASME A 17.1 2007. uipment.
9. DEMONSTRATION OF UNDUE HARDS Select at least one of the following statements		SIGNIFICANT STRUCTURE		
Imposition of the rule would result in an u			{	· · · · · · · · · · · · · · · · · · ·
Imposition of the rule would result in an L			1 '	
Imposition of the rule would result in an u				i i
Imposition of the rule would prevent the		cturally or a historically significant	art of the building	or structure.
Facts demonstrating that the above selected stater Excessive cost for construction for equinal 1). The elastomeric coated elevator suspassed ASME A 17.6, 2010 and is ANSI AECO John Haines on December 6, 2010 and safety equivalent to the factor of safety 2). The 6mm steel governor rope is desited ASME A17.7, 2007. The A17.7 ANS this submission.	ivalent equipment using pension, terminations, or certified to ASME A 1 d is updated in this subortor the same suspensioned to conform with.	and its monitoring is designed [7.7, 2007. The A 17.7 ANSI / mission. The suspension men ion capacity as specified in AS ASME A 17.1, 2010 and ASM	to conform with AECO certification bers and its terr ME A 17.1, 200 E A 17.6-2010 a	ASME A 17. 1, 2010 and in was submitted to Mr. ninations have a factor of 7.
40. STATEMENT OF ACCURACY				
I hereby certify under penalty of penjury			accurate.	
Signature of applicant of person submitting applica		Please print name		ate of signature (month, day, year)
Signature of design professional (if applicable)		Susan Ruhana Please print name		Pate of signature (month, day, year)
		·]	
11. STATEMENT OF AWARENESS (If the	e application is submitte	ed on the applicant's behalf, the	applicant must s	ign the following statement.)
I hereby certify under penalty of perjury th	hat I am aware of this re	quest for variance and that this	application is being	ng submitted on my behalf.
Signature of applicant		Please print name Tatin Patel		Pate of signature (month, day, year)
			1	11712